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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/697,083
	Filing Date	October 31, 2003
	First Named Inventor	Wesley Scott ASHTON
	Art Unit	3677
	Examiner Name	Ruth C. Rodriguez
Total Number of Pages in This Submission	16	Attorney Docket Number
		ASHTON0009

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Page 657 of Stedman's Medical Dictionary (1995).
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	
	1. This Filing includes: Amendment (B), 11 pgs; one replacement sheet of drawings; one annotated sheet of drawings, and page 657 of Stedman's Medical Dictionary (1995).	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GRiffin & Szipl, P.C.		
Signature			
Printed name	Wesley Scott Ashton		
Date	June 20, 2005	Reg. No.	47,395

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Wesley Scott ASHTON) Atty. Docket: ASHTON0009
Serial No. 10/697,083)
Filed: October 31, 2003)
For: TONGUE AND MOUTH STUD) Examiner: Ruth C. Rodriguez
FOR DISPENSING A SUBSTANCE)
Date: June 20, 2005)

AMENDMENT (B)

BOX: NO FEE AMENDMENT
Assistant Commissioner of Patents
Washington, D. C. 20231

Sir:

In response to the Office Action of March 23, 2005, please amend the above-captioned application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Amendments to the Drawings begin on page 6 of this paper.

Remarks/Arguments begin on page 7 of this paper.